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AUTHOR Wellington, Jean
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ABSTRACT

This paper presents a description of a community program for preschool children and their mothers which utilized the services of a psychologist-consultant. Originally, the Mother's Day Out program offered a few hours of child care to mothers of preschool children for a very small fee. However, it became apparent during the early phases of operation that many of the preschool children needed more help than the program teacher could promise. The services of a psychologist-consultant were employed, to help evaluate the children, to assess the relationship between the teacher, aide (a volunteer mother), and the children, and to provide direct consultation to parents in discussion groups. Also, a referral process involving a community Evaluation Team was instituted. The procedures and problems involved in establishing the Mother's Day Out program are described; plans for future changes in the program are also presented. Important among these changes is the evaluation program which will involve the input of the psychologist, teacher, and parent. Concluding discussion focuses on the evolving role of the psychologist-consultant. (SDH)

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MOTHER'S DAY OUT

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Jean Wellington

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MOTHERS' DAY OUT--DESCRIPTION OF A PROGRAM FOR THE PSYCHOLOGIST-CONSULTANT TO PARENTS AND THEIR PRE-SCHOOL CHILDREN

Two young parents under thirty, two children aged nine months and just four years--a normal family, accepted in the community, active in local affairs, not affluent but certainly not wanting, having no deep psychological problems, experiencing a marriage without deep conflicts--yet a family in turmoil over the four year old. At face value, and certainly if one abides by tradition and the old medical model, this family is not one for the services of the psychologist. Yet who is to say what will develop from constant negative interaction with a four year old who refuses to eat, has become anemic because of lack of proper food, has developed myriad means of manipulating and angering her parents, particularly Mother, into withholding, spanking, worrying, suffering from headaches, has placed her parents in the uncomfortable position of pressure from grandparents to exercise more control over this child's eating? It is probably a valid assumption that the psychologist who serves these young parents and their children will not only help prevent maladjustment in the future, but will also offer relief in the present for this family to discover joy and well being in each other's company. Such are the theory and assumption upon which the psychologist has become involved in the Mothers' Day Out Program. Such is the philosophy upon which the community psychologist seeks out and subsequently attempts to discover new

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and creative ways to s[illegible]e parents and their pre-school children. This paper describes one program and its successes and problems, while laying the groundwork to explore with other psychologists, new ways to reach and help pre-school children and their parents through preventative programs.

Positive Aspects in Early Diagnosis and Help for Young Children

Review of literature on psychological help for young children reveals that general agreement exists that early diagnosis of potential problems and early help often solves all but the most severe problems, sometimes with lightening speed. Thus therapists from Anna Freud to Ginott offer help early. When the difficulty is not extreme or coupled with a deeply disturbed of schizophrenic family, the writer has found that young children can change dramatically even in short term, crisis intervention therapy.

While little research exists on aid to essentially normal young mothers, a recent informal survey in one of the areas where the writer is psychologist-consultant in community organizations showed clergy and their assistants (directors or religious education, nuns assigned to the town) affirming the great need of young mothers for a resource person with whom to discuss concerns, particularly related to the normality or abnormality of their children's behavior. This group has found that young parents need communication with other adults about their children and advice about how to deal with them.

Problems with Preventative Programs in the Community

Eastern Middlesex Guidance Center, a state mental health clinic

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dedicated to community service, has three teams which serve its five communities. Various approaches in preventative psychology have been tried by the teams, with only limited success. The staff of the Clinic has assessed some of the reasons that people in the communities have failed to take advantage of programs for prevention which are aimed at functioning, essentially healthy community members.

Some of the reasons are as follows: People dislike assocation with a program related to mental health; people fear meeting neighbors, or having their neighbors discover their problems; people fear having to discuss problems with others; people disclaim need for a "shrink." Further the staff has found it difficult to establish machinery for reaching people in the community unless they are desperate enough, or at least concerned enough, to seek professional help.

Often those individuals who seek out the school counselor or the local pastor, or even those whose children act out enough to gain attention of school authorities or local police, refuse referrals to anyone they suspect might be able to see into their lives and into them as individuals. Especially, the staff at EMGC has found very few avenues for reaching young children and their parents who have as yet no school affiliation, and for whom the pediatrician too often says: He'll out grow it; just don't worry.

The Community Psychologist in the Community

As the term is used, the community psychologist is based in the community, and his purpose is to meet needs of the community, in a combination of his assessment of needs (whether recognized by the com-

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munity or not), and the community's assessment. He will therefore become involved in the therapeutic programs for all ages such as day care centers, in-patient programs, family therapy for sick families, social work and welfare facilities. But the percentage of pre-school children needing such facilities is relatively small. The community psychologist is also expected to discover ways to reach and help the larger percentage of more normal children.

In Reading, Massachusetts, a suburban town or 25,000 , a number of programs for the healthy or mildly disturbed percentage of children, with its correlative aim of discovering and finding immediate help for those with severe problems, have been instituted at various times in the last five years. These programs have met with varying success, but all but one of the previous ones have been abandoned as not relevant enough to fulfill the above aims.

A drop-in center for young adults was established in a local church, staffed by psychologists from EMGC. Although some of the community was reached through this center, their median age was the forties, and the ages of their children were often the teens. With consultation from a psychologist, a local group established programs for townspeople involving experts who lectured about child rearing. The

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response was positive enough to repeat the program, and the second year was based on Parent Effectiveness Training, though almost all the discussion was aimed at school age children. Reading has no Well Baby Clinic, which can give access to problems of young children. Stoneham, Massachusetts, has utilized this avenue with success. The PTA, like most programs of this kind, has made no attempt to reach pre-schoolers or their parents.

Reading has no kindergarten, though one will begin in 1974. The writer is now helping to establish a program for evaluation of kindergarten children through the use of graduate students, to discover and help children with severe problems. Present facilities include only two state pre-school nurseries for retarded children, plus two programs which are in the developmental stage--a Day Care program at New England Memorial Hospital, and a visitation program in homes to be headed by an occupational therapist which is aimed at children with developmental disabilities. Except for these few programs, the philosophy in the area has been to wait until a child reaches school age before either diagnosis or help is offered.

There are no programs for parents of young children in Reading, though most psychologists agree, except for a few psychoanalitically-oriented diehards, that unless parents of young children are reached

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and helped, solving the problems of the children is, at best, a long, difficult process. For example, in a recent meeting with a group of such mothers, problems like the following were raised.

My three year old clings to me all the time. (He was standing in the adult group with his arms around her.) If I leave him, he screams. I never can hire baby sitters. I'm getting pretty miserable, and I wonder if I've done it to him.

Is a terrible temper tantrum bad? How often should a five year old have a tantrum and it be all right? I get so upset when she screams, I could kill her.

My two children fight all the time. I think I love them, but I really hate them when they fight. I know I'm a bad mother.

Description of One Program--Mothers' Day Out--Which is Functioning At Present, and Which is Aimed at Fulfilling the Purposes of the Community Psychologist as Outlined

The Child in the Program. The Program is what its title implies--a few hours of free time for young mothers ordinarily tied down to preschool children all day every day. Children are taken to a local church, which has offered its Sunday School facilities, left there for three to five hours, on one or all of three days, and picked up by their mothers at the end of the time. The teachers, some with training, care for the children and offer planned programs for those old enough to profit from them. Ages range from a few months through age four.

Parents pay $1 per session, and the teachers pay expenses and keep whatever is left. The response has been so overwhelming from

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the community that the program has expanded from two to three days per week, and the waiting list is large enough that another day could be added.

It became apparent very early that some of the children need more help than the teachers can give. A psychologist-consultant was therefore asked to attend the classes from time to time to help evaluate children with adjustment difficulties, and also to observe the children, with a professional eye to problems. At the same time the consultant would assess the relationship between teacher, aide 9who is one of the parents who must volunteer once a month), and the children.

Children are divided into age groups. The consultant makes suggestions about the total program, such as breaking down age groupings at times so that an immature child may spend time in a class with younger children. Teacher-consultant meetings are held monthly. The consultant is also available to help the teacher approach parents, when deemed necessary, and to suggest avenues of special help for a given child.

Direct Consultation to Parents. Direct consultation to parents is in the form of a discussion group which is voluntary and meets one day a month during the child program. The consultant also attends parent-teacher evening meetings. At the parent-psychologist meetings the consultant has found the young mothers eager and ready to bring forth not only their problems with their children, but also their own feelings in dealing with them. Wherever possible, she has offered no direct psychological help or referral, but has aided the mothers within the group

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setting, by dealing with their feelings and by helping them to reach out to each other.

One such situation is that with which this paper began, the child who refused to eat. The young mother, who has an essentially good relationship with her four year old daughter, was finding herself more and more angry with the child and with what the child's constant manipulation was doing to her.

In the group, other parents discussed ways in which they had dealt with feeding problems. Then the psychologist brought out deeper aspects in the family and in the mother's own feelings--her anger at the grandparents, her own past training and its strong Puritan ethic oriented to "Cleaning your plate," anger at her husband who had no formal dinner but made himself something when he was ready, her ambivalence about the child's desire to copy Dad and eat baloney and cheese in her hand. As the mother dealt with her feelings, she was able to plan an eating schedule where the child, from time to time, had a dinner of a piece of meat in one hand and cheese in the other, as well as to face removing the child's plate after a reasonable time.

Evaluation Team. Mothers' Day Out will be coordinated with a new program for evaluation of young children in the Eastern Middlesex Area. The evaluation will be done by a team which will refer children directly to MDO where this Program appears to meet a child's special needs. Conversely, MDO may refer to the Evaluation Team for more comprehensive psychological assessment.

The Evaluation Team consists of a Coordinator who will work directly with a group of graduate students in counseling. They will be trained by a

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University supervisor to utilize observation, parent and teacher interviews, various assessment criteria--the Vineland, Draw a Person, Binet-- in order to evaluate child and family needs. Children will be referred from Mothers' Day Out, private nurseries, public kindergarten, church school nurseries, the home visitation program, well baby clinics, physicians, and welfare. Children already referred to EMGC up to age five who need a specialized program may also be evaluated.

The evaluations will generally be done in the child's home, or his school if feasible. EMGC will advertise free evaluations for children aged two to four, and the evaluators from the Team will do the evaluation with space and toys provided by the Center. The Coordinator will review findings with the graduate student, and proper referral of child and parent will be made. Each graduate student assigned a case will follow it through with monthly parent interviews and at least three new child observations per year.

Referrals. As indicated, every effort is made in the Mothers' Day Out Program by both consultant and teachers to keep children and mothers in the program. It is not the desire of either to find ways to refer children elsewhere. Hopefully the problems can and will be handled within MDO in order to keep the child in his group. Few children have

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needed further help. One is a three year old whose mother can not control her. She runs into the street in front of cars, puts hot water on her hands, and must be watched every minute. In this case much progress was made in dealing with the mother in the Mother's Group. She constantly referred to herself as " the old mother." She was forty two when she married. She was helped to accept herself when the young mothers in the group showed her that they accepted her. The child's behavior sussequently improved, but a referral was still suggested.

Numbers of referrals have been made from cases at E M G C to M D O. It has been an excellent source of more constant help for young children whose parents have already realized they have special needs. For example, in the past few months some of the children referred from cases brought to E M G C are the following.

A two year old, developmentally slow child who has no language, but who appears bright and alert. Her mother is in her early thirties, unmarried, and the father is fifty and often in the home, though he will not marry the mother. Neither talks to or with the child.

A two and a half year old boy who stammers badly when agitated. His parents are newely married, but the mother has several other children, one age sixteen. Whenever a new experience such as a trip is introduced into this child's life, he begins to stammer. The speech problem causes him to become frustrated and to talk less and less, though his speech is generally clear and advanced for his age.

A four year old whose young parents appear happy, well-adjusted people. The child was witness to a bad fire across the street from her home. While the child stood by, her mother, a trained nurse, took care of a woman who was not only burned, but badly cut when she tried to jump from a window. Now the child has nightmares, refuses to go out of the house for fear there will be a siren or a big noisy truck.

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Establishing a M D O Program

The present M D O Program was established five years ago. Its growth has been largely by recommendation form parents whose children have been in the program. The Director of the Program has written a short description which is circulated to churches in the community and to pediatricians. This mimeographed sheet describes the basic program and indicates that it is a way of helping children, parents, families who have few connections in the community, and that it is special community service.

There has been little need for any further advertising of M D O since it has grown to the point where all potential enrollees cannot be accommodated. The program does not attempt to compete with regular nursery schools or with public kindergarten. Five year olds are generally refused. Thus the first consideration in establishing a similar program is the general aim and thrust of the program, the age limits, and its conceptualization as a community service.

M D O in Reading was fortunate in having been offered the facilities of a local church. No rent is charged, and the church sees the program as an extension of its own offerings to preschoolers. However, there are no restrictions on enrollment. It is strictly on a first come basis. The present program has four classes or groups-babies up to about one and a half years old, two years old, three years old, four years old. With suggestions from the consultant, these age barriers have become less rigid, and in the future more non-commital names will be used so as to allow for the freer atmosphere of the openschool.

The teachers for the Program are all young mothers with children of the age of those enrolled. They were originally recuited on a volunteer basis, not as

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paid teachers. Usually churches are the best resource for finding volunteers, unless a local mentalhealth clinic has a functioning volunteer program. The Director should be paid out of the tuition, with the understanding that the other teachers will gradually earn some return, though not commensurate with the work and effort put in.

In this Program it was decided to keep fees minimal. Scholarships are always provided for children who cannot pay the fee. Mothers are expected to volunteer, and this involvement can be an important part of the program. The teachers have attempted to offer the mother the job with which she is most comfortable. Thus a mother who feels uncomfortable with other young children is asked to prepare and serve the morning juice and crackers. When a mother is in a class, the teacher helps her to become involved by assigning her tasks which draw her into the group. The schedule works out so that there is one staff member and at least two volunteer parents in each room. The size of the groups vary, but not more than fifteen children are in any one group, with three to four adults.

Criticisms of M D O have come first from some church members who dislike noise in the Sunday School building when they are holding meetings. This can be a difficult problem if influential people rally behind an effort to evict the program. The Director may need help from the consultant in dealing with the persons involved.

Parent criticisms have come mostly from very insecure mothers who see the teachers threatening to help their child to become more independent and to break away from mother. Very often these mothers remove their children , and in the past very little has been done to help them further.

One further problem is state approval of Program and facilities. So far MDO has not been classified as Day Care and thus has escaped rigid regulations for such programs.

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Plans for Changes in the MDO for the Future

As mentioned previously, the rigid barriers of age groupings should be broken down with some attempt at more interaction among the groups. Although the atmosphere is very free at present in the group itself, there is not much interaction, and a very mature or a very immature child is often with a group with whom he has little in common.

The consultant plans to work more closely with those mothers who are very uncomfortable with the children in the group. If the mother wishes not to be in the group at all but to serve juice instead, the consultant will ask that mother to help her with a particular child who needs enough extra attention to be removed from the group at times. In the class itself, the consultant will make suggestions to the teachers about ways to involve the mothers more without putting too much pressure on them.

For example, one young mother stood on the edge of the class, obviously very uncomfortable. The consultant was sitting in the middle of the floor with a group of children around her, one of whom was becoming angry because he could not put his puzzle together. The consultant asked the mother to sit on the floor with the child and to help with the puzzle. It was necessary to show this mother how to encourage the child to do the puzzle himself, by suggesting that she hold up a piece turned in the right direction so that perhaps the child could perceive where it belonged. Gradually she and the child began to make a game of this, and the mother relaxed. Hopefully she learned something, as well, about how to help her own children. In this same vein, the Mothers often comment that they are learning what a child of a certain age can manage, as scissors or paints, for example.

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A follow up of the mothers who abandon the Program when they find it threatening will also be undertaken. The Director, who keeps a careful file on each child, will call the parent to ask for a critique of the program and the reasons for withdrawal. She will ask the mother if she has thought of other alternatives which might be good for the child--nursery school, consultation, enrollment again with another teacher. Like other programs, this one cannot reach everyone, and often it is the one who needs it most who refuses involvement.

The consultant will urge more parent-teacher-consultant conferences. She has found that the teachers are extremely reluctant to make any suggestions to parents about the emotional state of their children. The teachers fear they are overstepping their perogative by so doing. With more consultant support it should be possible for them to take the initial step to establish such a conference and then to be helpful in making suggestions to the parents. It is planned that more evening conferences will be held in order to involve more fathers.

During this year, one volunteer in the MDO program was a young minister with a child in the program. Attempts will be made to include any fathers who can participate, and also to recruit young men from the community who may be students with free time during one day, to give the balance of more male participation. This involvement should be helpful to boys and girls who, for eight or nine years, are often exposed during most of their waking hours only to women.

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A further question which arises for the future is whether to admit special children. The teachers believe that such children should be enrolled. They have been asked, for example, to take a four year old with a physical handicap which necessitates a urine bag. In case of emergency this child must be rushed immediately to the hospital. The feeling is that such a child should be included, but the teachers feel they have no background to handle her. Their tendency at the moment is to establish a special class for special children which might be offered in the afternoons. Here the consultant will work with the teachers to give them support to include special children, but she will also help the teachers to become familiar with the new trend in dealing with special children by incorporating them into regular classes.

Finally there are plans to develop an activity center in an activity program for children to work on gross motor development. At the same time the use of body motion and the effects of body involvement will be emphasized in a way similar to what is being done in some learning disabilities programs in schools. The center will have climbing equipment, riding equipment, movable child-sized blocks, as well as a large space for being monkeys or elephants or for sensing others in a group by touch or communicating by gestures and the like.

Evaluation Procedures

As has been stated, those children who appear to have special needs, either physical or emotional, will be referred to the Evaluation Team explained previously. They will then be watched and reevaluated from time to time in order to assure progress of the child.

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The other children in the program will be assessed on a case study--observation basis by teachers and parents. Since it is always difficult to separate maturation and normal growth from special help offered for special needs, the child will be evaluated monthly by written reports from his teacher. At the same time his parents will be asked to submit a written summary three times yearly. These reports will be brief and will ask for the following types of information: How the parent perceives the child, how the teacher sees him, an assessment of his developmental status, a check list of behaviors. (See Appendix for detailed report sheets.) There will be teachers' monthly reports plus anecdotal records done by the mother-aides, taught by the consultant. Each child will have three anecdotal records which will be strictly observations of what he does during a specified period of one day. The babies, of course, will have only partial evaluation using those questions which apply.

The three evaluation forms will then be used in the monthly discussions between teachers and consultant. Teachers will be able to see and consider information about children about whom there are questions, and recommendations for procedure can be made in consultation with the psychologist. At the same time teacher effectiveness will be considered in relation to the child's behavior. Thus the teachers-consultant discussions should serve the dual purpose of finding new ways to deal with a child with special problems, hopefully within the Program, but by referral where necessary. If the evaluation sheets are deemed insufficient, the consultant

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will go into the classroom to add her evaluation to the rest. Furthermore, the discussions should aid teachers to discover new and better ways to handle the children in their care. It is to be remembered that only some of the teachers are trained as teachers, though all of them are involved in training courses.

A year end evaluation of each child will be held between teacher and each set of parents, at which time summaries of the evaluation sheets will be presented to them. Such conferences will, of course, be held at any time during the year that a child appears to have special needs. At that time, the consultant will join the teacher if the teacher desires support, or if the situation appears serious enough to warrant referral. Since all mothers must volunteer once a month, it is possible to meet and talk with them informally without the need for a formal conference.

Many studies have attempted to evaluate teacher effectiveness, or the effectiveness of a certain educational program. The majority of these have been in terms of changes in GPA or intellectual functioning. Since such studies are inapplicable in this instance, one of the tasks of the consultant for the future will be to work out better ways in which programs for very young children may be evaluated.

Conclusion

The role of the consultant in the MDO Program has gradually evolved over the past year. It appears now to be one of being where both

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parents and child are at the moment; dealing with them in terms of their immediate needs while looking for ways to help them face needs they have not allowed themselves to recognize; being seen and coming to be accepted by parents and children, and hopefully gaining their trust ; being familiar enough with what essentially normal parents and children need and want, to be able to offer something which will reach into their lives; establishing means to evaluate effectiveness for both child and parent; and working with teachers to support them and to add to their own effectiveness.

Although the Mothers' Day Out Program appears, at present, to fulfill some of these aims and purposes of the community psychologist, more formal evaluation procedures are needed. In addition other out-reach programs especially for the young child, need to be developed.

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Appendix

To be completed by parents at start of Program and three times during the year.

OBSERVATION SHEET FOR PARENTS

1. Briefly describe how you see your child at this time.

2. Briefly describe home environment. How do you and your husband see your own behavior affecting your child? How does he react to brothers and sisters?

3. If this is not the first report, please state any changes, good or bad, which you have observed about your child since the last report. Also state what changes have come about in you that have helped or hindered your child's progress.

4. Assess your feelings about your child's development, physical and mental in comparison to others his age.

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To be completed by teacher and reviewed by psychologist-consultant during first week of group and monthly thereafter

OBSERVATION SHEET FOR TEACHERS

1. Describe briefly how you think parents perceive their child's behavior and general adjustment.

2. Briefly describe your own perception of the child's behavior.

3. Assess the child developmentally, physically and emotionally.

4. Specifically, which of the following fit the child's behavior in the group? Check all on a three point scale. 1-greatly, 2-somewhat, 3-little

Aggressive

Withdrawn

Possessive of things

Destructive of materials

Hurting to others

Emotionally upset

Fearful

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Jealous

Tolerant

Curious

Competitive

Cooperative with teacher

Cooperative with children

Rationalizing

Intense at tasks

Dependent on others

Able to follow directions

Accepting of others

Regressive

Goal oriented

Fearful

Angry

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To be completed three times during the year by a parent-aide.

ANECDOTAL RECORD

As discussed in the training session for making anecdotal records, this child should be observed for a two minute period when he first arrives in the room. All of his actions should be described in as much detail as possible. Later, he should be described for two minutes during a structured period when the teacher is teaching. At another time, describe him for two minutes when there is free time.